DESI AVUIIUDIE CODY									10/08/949						
V.									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO														1	
Effective October 1, 2001									10051949						
CLAIMS AS FILED - PART I									FN	TITY		OTHER	THAN	l	
(Column 1) (Column 2)											OR	SMALL			
TOTAL CLAIMS			19				ſ	RATI	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			/9 _ minus 20=		. 6		ſ	X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			2 - minus 3 =		6		I	X42=			OR	X84=			
MUI	TIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2											OR		7400	~	
1 1												OTHER		14	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									LL E	NTITY	OR	SMALL			
\forall	I V	CLAIMS		HIG	HEST		ſ			ADDI-			ADDI-	1	
Ę		REMAINING AFTER		PREV	OUSLY	PRESENT EXTRA		RAT	E	TIONAL		RATE	TIONAL		
		AMENDMENT	Minus		FOR 14	<i>es</i>		X\$ 9		PEE_		X\$18=	755	1	
AMENDMENTA	Total Independent	• //	Minus Minus	**		-			_		OR		- /	1	
¥		NTATION OF M			IT CLAIM			X42	=		OR	X84=		4	
	THOI PILOC						'	+140)= 		OR	+280=			
TOTAL ADDIT, FEE											OR	TOTAL]	
		(Column 1)		(Coli	ımn 2)	(Column 3)		AUUII. I	ree (7.5517.1 C.	7	1	
		CLAIMS	THE PARTY	HIG	HEST		1			ADDI-]	. ;	ADDI-	1 ·	
ENT B		REMAINING AFTER		PREV	MBER	PRESENT EXTRA		RAT	E	TIONAL		RATE	TIONAL FEE	·	
NE NE		AMENDMENT			DFOR		1	1/0		FEE	1	V210	FEE	1	
AMENDM	Total	•	Minus	99		s	Н	X\$ 8	}=		OR	X\$18=	<u> </u>	4	
AM	Independent	* NTATION OF M	Minus	ENDEN	IT CLAIM			X42	=		OR	X84=	<u> </u>		
	FIRST PRESE	NIATION OF M	OLITPLE DEF	ENDE	TI CONIN		1	+140)=		OR	+280s		ł	
TOTAL ADDIT, FEE											OR	TOTAL ADDIT. FEL		1	
		(Ost		(Ca)	uma 2)	(Column 3)		ADUII.	ree			ADDIT. PE	-	1	
100	angagaga co	(Column 1) CLAIMS		HK	umn 2) SHEST		1			ADDI-	1		ADDI-	4	
O H		REMAINING AFTER	**************************************	PRE	MBER MOUSLY	PRESENT		RAT	Έ	TIONAL		RATE	TIONAL		
Ę.		AMENDMENT		PAI	D FOR		1		- ""	FEE	1	-	FEE	4	
AMENDMENT	Total	*	Minus	**		-	11	X\$ 9)= 		OR	X\$18=	<u> </u>	1	
AME	Independent	•	Minus	DENIDE	NT OL AIL	•	-	X42	: =		OR	X84=			
Ľ	FIRST PRESE	NTATION OF N	NULTIPLE DE	PENUE	VI CLAIM		Į	+140)=		OR	+280=		7	
	If the entry in colu	ırını 1 is less than	the entry in col	emn 2, w	rite "O" in c	olumn 3.			TAL		4	TOTA		4	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													4		
	The Highest Nur	nber Previously P	aid For* (Total o	r Indepe	ndent) is th	e highest numb	er to	und in t	ne ap	propriate b	ox in c	column 1.			
	M PTO-875 (Rev. 8						Pe	tont and	Trade	mark Othos	J.S. O	EPARTMENT (OF COMMER	ᆴ	